## CITY OF STOCKTON DEPARTMENT OF PARKS AND RECREATION

## CLASS/CAMP/SPORT REGISTRATION FORM

Only members of the immediate family may be registered on this form. Registration is on a first come, first served basis at the Parks and Recreation office (bring form to office for registration confirmation; some programs and locations fill up quickly). **Mail before class dates and before sports deadlines to:** Parks and Recreation, 6 East Lindsay Street, Stockton, CA 95202, **Attention: CLASS, CAMPS, SPORTS** (choose one)

LAST FIRST RECEITE AND AMOUNT:  ADDRESS CITY ZIP  PUTERICLAS FIEL: \$  PHONE: HOME  E-MANL ADDRESS  CAN WE SEND YOU INFORMATIONAL, E-MAILS? YES NO (CIBCLE CONE).  DATE RECEIVED:  "WHEN PAYING BY CHECK, INCLUDE: DRIVER'S LICENSE #  DO NOT INCLUDE CASH  1. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)  START DATE  LEVEL OR AGE  COURSE OR SPORT MAME  2. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)  START DATE  LEVEL OR AGE  LEVEL OR AGE  LOCATION  FEE  COURSE OR SPORT MAME  1. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)  START DATE  LEVEL OR AGE  LEVEL OR AGE  LOCATION  FEE  COURSE OR SPORT MAME  1. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)  START DATE  LEVEL OR AGE  COURSE OR SPORT MAME  1. PARTICIPANT'S NAME & BIRTHDAY (UNDER 18 YRS.)  START DATE  LEVEL OR AGE  COURSE OR SPORT MAME  1. DATA DATE  LEVEL OR AGE  LEVEL OR AGE  COURSE OR SPORT MAME  1. DATA DATE  LEVEL OR AGE  LEVEL OR AGE  COURSE OR SPORT MAME  1. DATA DATE  LEVEL OR AGE  LEVEL OR AGE  COURSE OR SPORT MAME  1. DATA DATE  LEVEL OR AGE  LEVEL OR AGE  COURSE OR SPORT MAME  1. DATA DATA DATA DATA DATA DATA DATA DAT	NAME OF PARENT/GUARDIAN OR ADULT PARTICIPANT (please print or type below):		OFFICE USE ONLY:	
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Is child allergic to Medications or Foods? YES NO IF YES, PLEASE LIST:  CAMP MUST BE ABLE TO MONITOR AND ADMINISTER THEIR OWN MEDICATION AT CAMP. IS CHILD TAKING ANY MEDICATION? YES NO IF TAKING MEDICINE, PLEASE LIST:  REASON FOR MEDICATION:  TIME/DOSAGE:  INSURANCE CARRIER:  I.D. #:  PLEASE LIST PERSONS AUTHORIZED TO SIGN YOUR CHILD IN AND OUT OF CAMP  1. NAME:  2. NAME:  3. NAME:  THIS CONTRACT/REGISTRATION DOES NOT COVER ANY MEDICAL EXPENSES FOR INJURY FROM PARTICIPATION IN SAID ACTIVITY OR SPORT. PLEASE READ AND SIGN; I understand and agree to abide by the operation rules as set down by the Stockton Parks and Recreation Commission. I further agree to hold the Stockton Parks and Recreation Commission, its members, officers, operation committees thereof, the City of Stockton, County of San Joaquin; Stockton, Lincoln, Manteca and Lodi Unified School Districts, San Joaquin Delta College, the Amateur Softball Association, its agents and umpires, the sponsor and manager, instructor, team members and participants, free and harmless from any and all liability whatsoever arising from the performance of this contract/registration. My signature authorizes the department to use a photograph or similar likeness or image of me or the child named above in any future advertisement or promotion of the City of Stockton Department of Parks and Recreation.  PARTICIPANT'S SIGNATURE, OR IF UNDER 18 YEARS, APPROVAL OF PARENT/GUARDIAN:  DATE	MEN'S WOMEN'S CO-ED CHURCH			
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REASON FOR MEDICATION:  INSURANCE CARRIER:  I.D. #:  PLEASE LIST PERSONS AUTHORIZED TO SIGN YOUR CHILD IN AND OUT OF CAMP  1. NAME:  2. NAME:  3. NAME:  THIS CONTRACT/REGISTRATION DOES NOT COVER ANY MEDICAL EXPENSES FOR INJURY FROM PARTICIPATION IN SAID ACTIVITY OR SPORT. PLEASE READ AND SIGN:  I understand and agree to abide by the operation rules as set down by the Stockton Parks and Recreation Commission. I further agree to hold the Stockton Parks and Recreation Commission, its members, officers, operation committees thereof, the City of Stockton, County of San Joaquin; Stockton, Lincoln, Manteca and Lodi Unified School Districts, San Joaquin Delta College, the Amateur Softball Association, its agents and umpires, the sponsor and manager, instructor, team members and participants, free and harmless from any and all liability whatsoever arising from the performance of this contract/registration. My signature authorizes the department to use a photograph or similar likeness or image of me or the child named above in any future advertisement or promotion of the City of Stockton Department of Parks and Recreation.  PARTICIPANT'S SIGNATURE, OR IF UNDER 18 YEARS, APPROVAL OF PARENT/GUARDIAN:  DATE	CAMP MUST BE ABLE TO MONITOR AND ADMINISTER THEIR OWN MEDICATION AT CAMP. IS CHILD TAKING ANY MEDICATION? YES NO			
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PLEASE NOTE: APPLICATION WILL NOT BE ACCEPTED WITHOUT A SIGNATURE (PLEASE SIGN ABOVE)